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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 09/865,827			ing Date 25/2001	To be Mailed	
APPLICATION AS FILED – PART I (Column 1) (Column 2)							SMALL ENTITY				HER THAN ALL ENTITY	
FOR			NUMBER FI	.ED N	NUMBER EXTRA		RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)	
BASIC FEE (37 CFR 1.16(a), (b), or (c))			N/A		N/A		N/A			N/A		
SEARCH FEE (37 CFR 1.16(k), (i), or (m))			N/A		N/A		N/A			N/A		
EXAMINATION FEE (37 CFR 1.16(o), (p), or (q))			N/A		N/A	]	N/A			N/A		
TOTAL CLAIMS (37 CFR 1.16(i))			mir	ius 20 = *			x \$ =		OR	x \$ =		
INDEPENDENT CLAIMS (37 CFR 1.16(h))			minus 3 = *			1	x \$ =		1	x \$ =		
	APPLICATION SIZE (37 CFR 1.16(s))	FEE sh	eets of pap \$250 (\$125 Iditional 50	ngs exceed 100 ion size fee due i) for each on thereof. See 7 CFR 1.16(s).								
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))									J			
* If the difference in column 1 is less than zero, enter "0" in column 2.							TOTAL		]	TOTAL		
APPLICATION AS AMENDED - PART II         OTHER THAN           (Column 1)         (Column 2)         (Column 3)         SMALL ENTITY         OR         SMALL ENTITY												
AMENDMENT	02/03/2009	CLAIMS REMAINING AFTER AMENDMEN	IT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1.16(i))	* 34	Minus	·· 44	= 0	П	x s =		OR	X \$52=	0	
	Independent (37 CFR 1,16(h))	· 2	Minus	···4	= 0	]	x \$ =		OR	X \$220=	0	
ME	Application Size Fee (37 CFR 1.16(s))											
1	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))					]			OR			
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	0	
(Column 1) (Column 2) (Column 3)												
<sub>⊢</sub>		CLAIMS REMAINING AFTER AMENDMEN		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
Ä	Total (37 CFR 1 16(1))		Minus	**	=	1	x s =		OR	x \$ =		
M	Independent (37 CFR 1.16(h))	٠	Minus	***	=	]	x \$ =		OR	x \$ =		
AMENDMENT	Application Size Fee (37 CFR 1.16(s))					]			]			
AM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))						TOTAL		OR			
									OR	TOTAL ADD'L FEE		
** If	If the entry in column 1 is less than the entry in column 2, wite 0" in column 3. Legal Instrument Examiner:  "If the "Highest Mumber Previously Paid For IN THIS SPACE is less than 3, enter "20".  "If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3".  "SONYA R. HILLIARD)  The "Highest Mumber Previously Paid For IN THIS SPACE is less than 3, enter "3".											

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